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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10585779 | <b>Applicant(s)/Patent Under Reexamination</b><br>VAN LAMMEREN ET AL. |
|   | <b>Examiner</b><br>Arnold Kinkoad          | <b>Art Unit</b><br>2817   |

| ORIGINAL           |                                   |          |    |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|----|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |    |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 331                |                                   | 16       |    |  |  | H                            | 0 | 3 | L | 7 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 331                | 34                                | 177R     | 1A |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
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|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |    |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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|--|------------|-----------------------------|-------------------|
| NONE   |            | Total Claims Allowed:<br>13 |                   |
| (Assistant Examiner)                               | (Date)     |                             |                   |
| /Arnold Kinkoad/<br>Primary Examiner.Art Unit 2817 | 12/21/2009 | O.G. Print Claim(s)         | O.G. Print Figure |
| (Primary Examiner)                                 | (Date)     | 1                           | 1                 |